



Arizona State  
Board of Cosmetology

Sue Sansom, Executive Director

**OFFICIAL USE ONLY**

FEE RECEIVED

1721 East Broadway Tempe Az 85282-1611  
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www.cosmetology.state.az.us

## **CERTIFICATION REQUEST FORM**

**Please print or type.** Incomplete forms will cause processing delays. Please allow at least two weeks for processing. Complete and return with a **\$30.00 money order**. FEES ARE NON-REFUNDABLE. The Board is able to certify only the information currently in its files.

NAME

DATE

MAILING ADDRESS

PHONE #

CITY

STATE

ZIP

SOCIAL SECURITY #

The address to which the certification should be mailed is: \_\_\_\_\_

### **PERSONAL LICENSE CERTIFICATION**

If you have more than one type of license and want them all certified, you must provide a separate form and fee for each license.

If you were licensed in Arizona, complete the following information:

8 digit license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name as it is listed on the license: \_\_\_\_\_

YOUR SIGNATURE HERE: \_\_\_\_\_

### **SCHOOL HOURS CERTIFICATION**

If you were never licensed in Arizona but earned hours in Arizona and need those student hours certified, complete the following information:

List additional schools on reverse; provide all information for every school.

#### **School Information:**

Dates of Attendance: Began: \_\_\_\_\_ Ended: \_\_\_\_\_

Name used during school: \_\_\_\_\_

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

CURRICULUM STUDIED: Cosmetology \_\_\_\_\_ Nail Technology \_\_\_\_\_ Aesthetics \_\_\_\_\_ Instructor \_\_\_\_\_

If you have a disability and require reasonable accommodations to participate in our services including receiving this information in an alternative format, contact the ADA Coordinator at (480) 784-4539.